

The Quality Care Health Plan (QCHP)

Plan Year Maximums and Deductibles			
Plan Year and Lifetime Maximum		Unlimited	
Employee's Annual Salary (based on each employee's annual salary as of April 1st)		Individual Plan Year Deductible	Family Plan Year Deductible Cap
\$60,700 or less		\$375	\$937.50
\$60,701 - \$75,900		\$475	\$1,187.50
\$75,901 and above		\$525	\$1,312.50
Retiree/Annuitant/Survivor		\$375	\$937.50
Dependents		\$375	N/A
Additional Deductibles*		Each emergency room visit	\$450
* These are in addition to the plan year deductible.		QCHP hospital admission	\$100
		Non-QCHP hospital admission	\$500
Out-of-Pocket Maximum Limits			
In-Network Individual \$1,500	In-Network Family \$3,750	Out-of-Network Individual \$6,000	Out-of-Network Family \$12,000
Hospital Services			
QCHP Hospital Network		\$100 deductible per hospital admission. 85% after annual plan deductible.	
Non-QCHP Hospitals		\$500 deductible per hospital admission. 60% of allowable charges after annual plan deductible.	
Outpatient Services			
Preventive Services, including immunizations		100% in-network, 60% of allowable charges out-of-network, after annual plan deductible.	
Diagnostic Lab/X-ray		85% in-network, 60% of allowable charges out-of-network, after annual plan deductible.	
Approved Durable Medical Equipment (DME) and Prosthetics			
Licensed Ambulatory Surgical Treatment Centers			
Professional and Other Services			
Services included in the QCHP Network		85% after the annual plan deductible.	
Services not included in the QCHP Network		60% of allowable charges after the annual plan deductible.	
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)		85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.	
Transplant Services			
Organ and Tissue Transplants	85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.		
Prescription Drugs (administered by Express Scripts)			
Plan Year Pharmacy Deductible	\$125		
Copayments (30-day supply)	Generic	\$10	
	Preferred Brand	\$30	
	Nonpreferred Brand	\$60	